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1996 AUG 13 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1996  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 152243 (2)  
1. Corporation Name

**DISPATCH SERVICES, INC.**

Principal Place of Business Mailing Address

4720 NW 20th St (PO Box 59-2034)  
Miami FL 33159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/09/1947	1995
4. FEI Number	Applied For
59-0578335	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
		30	Country

9. Name and Address of Current Registered Agent  
  
CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE V	VEDO, W R
NAME	8240 NW 52ND TERR #200
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE D	TEETS, J W
NAME	DIAL CORPORATE CENTER
STREET ADDRESS	PHOENIX AZ
CITY - ST - ZIP	
TITLE VS	EMERSON, F G
NAME	DIAL CORPORATE CENTER
STREET ADDRESS	PHOENIX AZ
CITY - ST - ZIP	
TITLE V	BLAUCH, MAURICE W II
NAME	8240 NW 52ND TERR #200
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE PC	TARMAN, R
NAME	8240 NW 52ND TERR #200
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE VT	NELSON, R G
NAME	DIAL CORPORATE CENTER
STREET ADDRESS	PHOENIX AZ
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE AS	ASSISTANT SECRETARY
12 NAME	Change <input checked="" type="checkbox"/> Addition
13 STREET ADDRESS	LITHERLAND, J M
14 CITY - ST - ZIP	DIAL CORPORATE CTR, PHOENIX AZ
21 TITLE	
22 NAME	Change <input type="checkbox"/> Addition
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	Change <input type="checkbox"/> Addition
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	Change <input type="checkbox"/> Addition
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	Change <input type="checkbox"/> Addition
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	Change <input type="checkbox"/> Addition
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J M Litherland* J M Litherland 08/12/96 602/207-2037  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #